



(All the fields are required unless they are marked *)

Personal Information

Name(s): _____ Surname(s): _____

Identification Type: ID Card Passport No.: _____ Expiration date: _____

M. Status: Single Married Divorced Widowed Date of Birth: _____

Nationality: _____ Place of Birth: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____ Other Contact Number*: _____

Country of Residence: _____ City: _____ State: _____

Residence Address: _____

Work Information

Profession*: _____ Occupation: _____ Country of Work: _____

Private Employee; Company Name: _____ Public Employee; Entity name: _____

Self-employed professional Retired Other Indicate: _____

Workplace Address: _____

City: _____ State: _____ Office Phone Number: _____

Spouse Information (If Applicable)

Name(s): _____ Surname(s): _____

Nationality: _____ Place of Birth: _____ Country of Residency: _____

Identification Type ID Card Passport No.: _____ Expiration date: _____

Home Phone _____ Cell Phone: _____ E-mail: _____

Other Information(s)

Do you own another property personally or through a Company in Casa de Campo? Yes No

If yes, please indicate: Property (Area and Villa's Number): _____ Year of purchase: _____

Do you have a close family member (up to the second degree) who owns property in Casa de Campo? Yes No

If yes, please indicate:

Name: _____ Relationship _____ Property (Area and Villa's No.): _____

Name (2): _____ Relationship: _____ Property(Area and Villa's No.): _____

Name (3): _____ Relationship: _____ Property(Area and Villa's No.): _____



References

| Personal References | |
|---------------------|--------------|
| Full Name | Phone Number |
| | |
| | |

| Financial References | | |
|----------------------|----------------|-----------|
| Institution's Name | Contact Person | Phone No. |
| | | |
| | | |

Identification of Politically Exposed Person (PEP)

| | | |
|--|------------|-----------|
| I declare, guarantee and represent under the faith of oath the following information: | Yes | No |
| 1. In the last three (3) years I or one of my relatives, have occupied some of the functions or positions listed below (If the answer is NO, please disregard the next questions). | | |
| 2. I submit an affidavit as a public official. | | |
| 3. I hold or held a public office by popular election, if affirmative identify: Position: _____ Period: from _____ to: _____ or <input type="checkbox"/> Current | | |
| 4. I maintain an employment relationship with state organizations or entities, Armed Forces or the National Police serving in a position of management or direction. Position: _____ | | |
| 5. I am part of the governing body of a Political Party. | | |
| 6. I am related by kinship by consanguinity (parents, siblings, grandparents and grandchildren) or by affinity (spouse, political parents and spouse of the daughter or son) up to the second degree with a person who meets the characteristics listed above: If yes, detail the following for each identified relative: Consanguinity or Affinity (of those mentioned above): _____ Name of the official : _____ Charge or position of the Official: _____ Period: from _____ to: _____ or <input type="checkbox"/> Current | | |

Required Documentation

- Copy of Identification Documents
- Copy Spouse's Identification Document (If applicable)

** Please send the required documentation directly to the Compliance Officer to the following Email: cumplimiento@costasur.com.do



In accordance with the provisions of Law 155-17 against Money Laundering and Financing of Terrorism, I _____ affirm that all the information I have stated on this form is true and I give COSTASUR DOMINICANA, SA freedom to check, through any means, the veracity of them. With the signature of this form, I grant a formal release to COSTASUR DOMINICANA, S. A. for any disclosure of the information provided in this form, including personal data, to the competent authorities.

COSTASUR DOMINICANA, S. A. reserves the right to request information and additional documents in order to comply with the money laundering prevention laws of which it is a mandatory party. In case the applicant does not provide the required information or documents, we reserve the right to carry out the sale of the property.

Date (DD/MM/YYYY)

Signature of the Physical Person

Name of the Compliance Officer

Signature of the Compliance Officer

To be completed by COSTASUR DOMINICANA, S. A.

Amount of the Investment:

Less or Equal to USD 1,000,000 Between USD 1,000,001 and 5,000,000 Greater or Equal to USD 5,000,001

Client's Contact Route:

Face-to-Face Non-Face-to-Face

Client's Seniority:

New Client (Less than 1 year) Between 1 Year – 10 Years More than 10 Years

Comments / Observations: _____
